

### **Application Fees are Non-Refundable**

**Status Hotline: (804) 786-1132 or 1-877-9STATUS**

10. Have you committed any act or omission which resulted in a license, certification or registration being suspended, revoked, not renewed or being otherwise disciplined in any local, state (including Virginia) or national regulatory body?

☐ No

☐ Yes If yes, attach copies of any correspondence or documentation related to this matter to include the name of the jurisdiction in which it took place, the license number and the name of the business/individual involved. Provide an explanation of the events, including a description of the disciplinary proceeding and the type of sanctions that were imposed.

11. Training Date/Location Requested: Applicants will be enrolled in the training of their choice if available, or the first available session, for which you will receive a confirmation. Training dates and locations may be viewed on the website [www.dcjs.org/privatesecurity](http://www.dcjs.org/privatesecurity).

Date: \_\_\_\_\_ Location: \_\_\_\_\_  
mm/dd/yy

12. Do you require disability accommodations? ☐ No ☐ Yes (please specify)

---

I, the undersigned, certify that all information contained on this application is true and correct to the best of my knowledge and I have not omitted any pertinent information. I understand that any misrepresentation, falsification or omission of pertinent information may be cause for denial and may result in criminal charges. I understand that I am responsible for maintaining full compliance with Virginia Code Sections 9.1-138 through 9.1-150 and the Regulations Relating to Private Security Services 6VAC 20-171.

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_  
mm/dd/yy